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05-02-05

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April 29, 2005

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

Applicant(s):

Nielsen, James T.; et. al.

Assignee:

Cardica, Inc.

Title:

Surgical System and Method for Connecting Hollow Tissue

Structures

Serial No.:

10/720,618

Examiner:

Not yet assigned

Filed: November 24, 2003 Group Art Unit: 3721

Docket No.:

142

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

(1) This Transmittal Letter;

(2) Information Disclosure Statement;

(3) Form PTO-1449 and 2 references; and

(4) Return postcard.

Please charge Deposit Account 502108 for any additional fees required, and credit deposit account 502108 any amounts overpaid.

EXPRESS MAIL SERIAL NO.: EV430389846US

Respectfully submitted,

Brian A. Schar, Esq.

Reg. No. 45,076

Cardica, Inc.

900 Saginaw Drive

Redwood City, CA 94063



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

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INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR § 1.97(b)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In compliance with the Applicant's duty under 37 CFR § 1.56, the information listed on the accompanying form PTO-1449 is brought to the attention of the Examiner.

This IDS is believed to be timely in that it is being submitted under 37 CFR § 1.97(b), and thus no petition or fee is required.

Respectfully submitted

Brian A. Schar Reg. No. 45,076

Attorney for Cardica, Inc.

900 Saginaw Drive

Redwood City, CA 94063

PTO/SB/08A/08-03)
Approved for use through 07/31/2006. OMB 0651-0031
US Patent & Trademerk Office: U.S. DEPARTMENT OF COMMERCE
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Complete if Known Substitute for form 1449A/PTO INFORMATION DISCLOSURE 10/720,618 **Application Number** STATEMENT BY APPLICANT November 24, 2003 **Filing Date** (Use as many sheets as necessary) **First Named Inventor** Nielsen, James T. 3721 **Group Art Unit** APR 2 9 2005 Unknown **Examiner Name**

Attorney Docket No: 142

Sheet 1 of 1	E	
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EXAMINER

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Approved for use through 07/31/2006, OMB 0651-0031
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Substitute for form 1449A/PT		Complete if Known	squired to respond to a collection of information unless it contains a valid OMB control number.
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Application Number	10/720,618
		Filing Date	November 24, 2003
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	₹	Group Art Unit	3721
	APR 2 9 2005	Examiner Name	Unknown
Sheet 2 of 2	Et out	Attorney Docket No: 1	142
	& TRADEM		

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Examiner Initials*	Cite No 1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
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